

**PRINT**

## Exercise Notification Form – FG OSPR 1964

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Email to [osprdrills@ospr.dfg.ca.gov](mailto:osprdrills@ospr.dfg.ca.gov)

Please call (916 445-9327) or email if not on the Calendar within 5 days. Thank you.

Company Name:

Address:

Facility/Vessel Name:

OSPR Contingency Plan #:

Point of Contact:

Phone:

Email:

Fax:

Date and time:

Location:

Latitude/Longitude as available:

Type of Exercise:

☐ Announced ☐ Unannounced ☐ Table Top ☐ Semi-Annual Equipment Deployment

Level of Participation (optional): ☐ Facility/vessel personnel ☐ National Team  
☐ Regional Response Team ☐ International Team

Level of OSPR ICS Participation (optional):

☐ IC ☐ Planning ☐ Operations ☐ Other  
☐ ICS software to be used Type: \_\_\_\_\_ ☐ None

OSPR Design Team Participation (optional): ☐ Yes ☐ No

Sensitive Site Location, if any:

Exercise Scenario Description:

Scenario: Latitude:  
Longitude:

Objectives – Use numbers described in the [California Code of Regulations, Title 14, Section 820.01 \(e\)](#):

Other Participants (Agencies, OSRO's, etc.):